

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">09/540,466</div>	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		—				51						
2	/		—				52						
3		/	—				53						
4		/	—				54						
5		/	—				55						
6		/	—				56						
7		/	—				57						
8		/	—				58						
9		/	—				59						
10		/	—				60						
11		/	—				61						
12		/	—				62						
13		/	—				63						
14		/	—				64						
15		/	—				65						
16		/	—				66						
17		/	—				67						
18		/	—				68						
19		/	—				69						
20		/	—				70						
21			—				71						
22			—				72						
23			—				73						
24			—				74						
25			—				75						
26			—				76						
27			—				77						
28			—				78						
29			—				79						
30			—				80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		1				TOTAL IND.						
TOTAL DEP.	58		5				TOTAL DEP.						
TOTAL CLAIMS	60		6				TOTAL CLAIMS						